

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.		FILING DATE			
							APPLICANT(S)					
							CLAIMS					
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	
1	1						51					
2							52					
3							53					
4		2					54					
5	1						55					
6		1					56					
7							57					
8							58					
9							59					
10							60					
11							61					
12		4					62					
13	1						63					
14							64					
15							65					
16							66					
17							67					
18		4					68					
19	1						69					
20							70					
21							71					
22							72					
23							73					
24		4					74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	4						TOTAL IND.					
TOTAL DEP.	30						TOTAL DEP.					
TOTAL CLAIMS	34						TOTAL CLAIMS					